Department of Employee Trust Funds
Wisconsin Retirement System
801 W. Badger Rd. – P.O. Box 7931
Madison, WI  53707-7931

# EMPLOYEE IDENTIFICATION CORRECTION/CHANGE

Wis. Stat. § 40.03 and 40.07

**See reverse side for field requirements for each type of account correction.**

| | Correct Social Security Number |
|---|---|

PLEASE TYPE OR PRINT IN INK

*Please refer to Chapter 5 of the WRS Employer Manual (ET-1127) for instructions on completing this form.*

Report Date *(MM/DD/CCYY)*

Incorrect Social Security Number *(Submit a Copy of SS Card)*

| Employee Name *(Last, First, Middle)* | Sex ☐ Male ☐ Female | Former Name *(Birth/Married)* |
|---|---|---|
| Address *(Street, City, State, Zip, Foreign Country & Mail Code – if not USA)* | | Birthdate *(MM/DD/CCYY)* *(Submit a copy of Birth Certificate)* |

| Date Participating Employment Began With This Employer *(MM/DD/CCYY)* | Statement of Benefits Distribution Code | Incorrect ETF Employer Identification Number  69-036- |
|---|---|---|
| Correct ETF Employer Identification Number  **69-036-** | Employer Name *(if State of Wisconsin, include department)* | |
| Incorrect Employment Category | Correct Employment Category | |

**ACCOUNT CORRECTION** *(See descriptions on other side.)*

☐ **P030**  Social Security Number *(Identification required)*

☐ **P031**  Name

☐ **P032**  Birthdate *(Identification required)*

☐ **P033**  Employment Begin Date

☐ **P034**  Statement of Benefits Distribution Code

☐ **P035**  ETF Employer Number

☐ **P036**  Sex Indicator

☐ **P063**  Employment Category

## FOR ETF USE ONLY

☐ **P039**  Coverage Begin

   Date _____

☐ **P041**  Verification *(Only check this box to <u>change</u> verification code)*

☐ Yes ☐ No   SS No. Verified

☐ Yes ☐ No   DOB Verified

☐ **P065**  Delete incorrect employment category

Incorrect Birthdate _____

☐  Keying Error

**AGENT MUST SIGN HERE**

➡

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.  I certify that I am responsible for reporting coverage information to the Wisconsin Retirement System.

| Date Signed *(MM/DD/CC/YY)* | Signature and Title of Agent |
|---|---|

ET-2810  (REV 04/2003)

**P030** = Social Security Number (Identification Required)

**P031** = Name

**P032** = Birthdate (Identification required)

**P033** = Employment Begin Date

**P034** = Statement of Benefits Distribution Code

**P035** = ETF Employer Number (EIN)

**P036** = Sex Indicator

**P063** = Employment Category

## Employee Identification Correction/Change (ET-2810) - Field Requirements

| Fields: | Account Correction Codes | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| R=Required | **P030** | **P031** | **P032** | **P033** | **P034** | **P035** | **P036** | **P063** |
| 1. Report Date | R | R | R | R | R | R | R | R |
| 2. Social Security Number (Correct) | R | R | R | R | R | R | R | R |
| 3. Social Security Number (Incorrect) | R | | | | | | | |
| 4. Employee Name (Last, First, Middle) | R | R | R | R | R | R | R | R |
| 5. Sex Indicator | R | R | R | R | R | R | R | R |
| 6. Former Name | | R | | | | | | |
| 7. Address | | | | | | | | |
| 8. Birthdate | R | R | R | R | R | R | R | R |
| 9. Employment Begin Date | | | | R | | | | R |
| 10. Statement of Benefits Distribution Code | | | | | R | | | |
| 11. ETF Employer Number (EIN) (Incorrect) | | | | | | R | | |
| 12. ETF Employer Number (EIN) (Correct) | R | R | R | R | R | R | R | R |
| 13. Employer Name | | | | | | | | |
| 14. Employment Category (Incorrect) | | | | | | | | R |
| 15. Employment Category (Correct) | R | R | R | R | R | R | R | R |
| 16. Account Correction (Check Box) | R | R | R | R | R | R | R | R |
| 17. Signature & Title of Agent/Date Signed | R | R | R | R | R | R | R | R |